

# MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	IMMUNIZATIONS
Policy Number	2.01.42
Category	Vaccines/Biologics
Effective Date	09/16/04
Revised Date	10/20/05, 09/21/06, 07/19/07, 08/21/08, 07/16/09, 07/15/10, 07/21/11, 07/19/12, 07/18/13, 07/17/14, 07/16/15, 07/21/16, 07/20/17, 05/17/18, 05/16/19
Product Disclaimer	<ul style="list-style-type: none"> <li>• If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</li> <li>• If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</li> <li>• If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</li> </ul>

## POLICY STATEMENT

Childhood and adult immunizations are **medically appropriate** when administered according to the schedule of adult or child and adolescent immunizations and official recommendations of the Advisory Committee on Immunization Practices (ACIP) to the Centers for Disease Control and Prevention (CDC).

## POLICY GUIDELINES

- I. Vaccines related to or required *only* as a condition of work, travel, or school are **ineligible for coverage**, unless specifically covered according to the subscriber contract or otherwise required by law.
- II. ACIP recommendations are effective on the date of the ACIP meeting at which the recommendations were made and are considered official when publicized by the CDC.
- III. Coverage criteria are adjusted when national guidelines are revised to address new vaccines or changes in vaccine indications or the CDC makes recommendations for changes in administration schedules related to national vaccine shortages.
- IV. The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

## DESCRIPTION

Immunization is the process of stimulating the body's immune system to protect against a specific infection. Minute amounts of the specific bacteria or virus, in whole or part, are specially treated so that when given to the patient, they will stimulate the body's immune system without actually causing disease. Some immunizations require "boosters," or repeat doses of the same vaccine, to keep up the body's protection against a specific bacteria or virus.

Recommended Pediatric and Adult immunizations are addressed as part of the Health Plan's Preventive Health Guidelines.

The "Recommended Childhood Immunization Schedule – Birth to 18 years and "Catch-up" that is part of Preventive Health Services: Healthy Children to Age 19 guidelines is produced by the American Academy of Pediatrics (AAP), the ACIP of the CDC, and the American Academy of Family Physicians and can be referenced at:

<https://www.excellusbcbs.com/wps/portal/xl/prv/pc/cpg>. The Childhood & Adolescent Immunization Schedules are also available at: <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

The following immunizations are included in the recommendations for children and adolescents aged 18 years or younger based on medical indications:

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Diphtheria-Tetanus- acellular Pertussis (DTaP)	Influenza (Seasonal)	Poliovirus Inactivated (IPV)
Diphtheria, tetanus (DT)	Measles, Mumps, Rubella (MMR)	Rotavirus
Haemophilus influenzae type b (Hib)	Meningococcal serogroups A, C, W, Y	Tetanus-diphtheria -acellular Pertussis (Tdap) (Adacel, Boostrix)
Hepatitis A	Meningococcal serogroup B	Tetanus and diphtheria (Td)
Hepatitis B	Pneumococcal conjugate (PCV13)	Varicella (VAR)
Human Papillomavirus (HPV) (Gardasil 9)	Pneumococcal Polysaccharide (PPSV23)	

### Combination Vaccines (Combination vaccines are used instead of separate injections when appropriate)

DTaP, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV)	DTaP, inactivated poliovirus, and Haemophilus influenzae type b vaccine (DTaP-IPV/Hib)	DTaP and inactivated poliovirus vaccine (DTaP-IPV)
Measles, mumps, rubella, and varicella vaccines (MMRV)		

The Preventive Care of Adults Ages 19 Years and Older guidelines include immunization schedules and information for both persons at “usual risk” and “at risk”. These guidelines are based primarily on recommendations from the Report of the US Preventive Services Task Force and the Department of Health and Human Services Centers for Disease Control and Prevention Recommended Adult Immunization Schedule and can be referenced at:

<https://www.excelluscbs.com/wps/portal/xl/prv/pc/cpg>. The Adult Immunization Recommendations Schedule is also available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult-shell.html>

The following immunizations for Adults Aged 19 Years or Older are included in the recommendations:

Haemophilus influenzae type b (Hib)	Influenza (Seasonal)	Pneumococcal (PCV13 / PPSV23)
Hepatitis A	Measles, Mumps, Rubella (MMR)	Tetanus-diphtheria -acellular Pertussis (Tdap)/(Td) Tetanus-diphtheria
Hepatitis A and hepatitis B	Meningococcal serogroups A, C, W, Y (MenACWY)	Varicella (VAR)
Hepatitis B	Meningococcal serogroup B	Zoster (Shingles)
Human Papillomavirus (HPV) (Gardasil 9)		

According to New York State Law (NYS ISC Laws § 3221, § 3216, § 4303), every health insurance policy providing medical, major medical or similar comprehensive type coverage must provide coverage for necessary immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP) to the CDC.

## CODES

- Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.
- CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.
- Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.
- Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).

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<b>Code</b>	<b>Description</b>
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered
90461	each additional vaccine or toxoid component administered
90619 (E/I)	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use (eff 07/01/2019) (Not FDA approved)
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB -FHbp), 2 or 3 dose schedule, for intramuscular use
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use
90632	Hepatitis A vaccine (Hep A), adult dosage, for intramuscular use
90633	Hepatitis A vaccine (Hep A), pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90634	Hepatitis A vaccine (Hep A), pediatric/adolescent dosage-3dose schedule, for intramuscular use
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use
90647	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use
90648	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use
90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use
90653	Influenza virus vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use
90654	Influenza virus vaccine, split virus, preservative free, for intradermal use
90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use

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<b>Code</b>	<b>Description</b>
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use
90661	Influenza virus vaccine trivalent (ccIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90664	Influenza virus vaccine, live (LAIV), <u>pandemic formulation</u> , for intranasal use <u>Note:</u> reserved only for reporting pandemic vaccines that are required in the event of another national pandemic influenza outbreak, and should not be used for products which are formulated for the typical Fall and Winter flu seasons
90666 (E/I)	Influenza virus vaccine (IIV), <u>pandemic formulation</u> , split virus, preservative free, for intramuscular use (pending FDA approval) <u>Note:</u> reserved only for reporting pandemic vaccines that are required in the event of another national pandemic influenza outbreak, and should not be used for products which are formulated for the typical Fall and Winter flu seasons
90667 (E/I)	Influenza virus vaccine (IIV), <u>pandemic formulation</u> , split virus, adjuvanted, for intramuscular use (pending FDA approval) <u>Note:</u> reserved only for reporting pandemic vaccines that are required in the event of another national pandemic influenza outbreak, and should not be used for products which are formulated for the typical Fall and Winter flu seasons
90668 (E/I)	Influenza virus vaccine (IIV), <u>pandemic formulation</u> , split virus, for intramuscular use (pending FDA approval) <u>Note:</u> reserved only for reporting pandemic vaccines that are required in the event of another national pandemic influenza outbreak, and should not be used for products which are formulated for the typical Fall and Winter flu seasons
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90674	Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use (e.g. Flublok® Quadrivalent)
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use (e.g. Fluzone Quadrivalent, pediatric)
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use

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<b>Code</b>	<b>Description</b>
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use
90689 (E/I)	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25mL dosage, for intramuscular use (pending FDA approval)(effective 1/1/19)
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use
90697 (E/I)	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use (pending FDA approval)
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenzae type b, and inactivated poliovirus vaccine (DTaP-IPV/Hib), for intramuscular use
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use
90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use
90707	Measles, mumps, and rubella vaccine (MMR), live, for subcutaneous use
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
90716	Varicella virus vaccine (VAR), live, for subcutaneous use
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DtaP-HepB-IPV), for intramuscular use
90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 quadrivalent (MCV4 or MenACWY), for intramuscular use
90736	Zoster (shingles) vaccine (HZV), <u>live</u> , for subcutaneous injection (Zostavax)
90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use
90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use

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<b>Code</b>	<b>Description</b>
90748	Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use
90750	Zoster (shingles) vaccine (HZV), <u>recombinant</u> , sub-unit, adjuvanted, for <i>intramuscular</i> injection (Shingrix)
90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use (effective 1/1/2018)

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**HCPCS Codes**

<b>Code</b>	<b>Description</b>
G0008	Administration of influenza virus vaccine
G0009	Administration of pneumococcal vaccine
G0010	Administration of hepatitis B vaccine
Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agrimflu)
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)
Q2039	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified)

**ICD10 Codes**

<b>Code</b>	<b>Description</b>
Z23	Encounter for immunization

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\*Centers for Disease Control and Prevention (CDC). Advisory Committee for Immunization Practices (ACIP). **Hepatitis A** ACIP Vaccine Recommendations. Last updated 2019 Feb [<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepa.html>] accessed 3/22/19.

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\*Key Article

## KEY WORDS

Immunizations, vaccines, ACIP.



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**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

There currently is neither a National Coverage Determination (NCD) nor a Local Coverage Determination (LCD) for Immunizations. However, immunizations are addressed in the Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, Section 50.4.4.2. Please refer to the following website for Medicare Members: <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>.

Medicare Part B Immunization: [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/gr\\_immun\\_bill.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/gr_immun_bill.pdf)

Medicare Part D Vaccines: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Vaccines-Part-D-Factsheet-ICN908764.pdf>